

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 586 233

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9	1					
10		1				
11		1				
12		2				
13		0				
14		0				
15		0				
16			1			
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24			1			
25				1		
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49						
50						
TOTAL IND.	2	↓	3	↓		↓
TOTAL DEP.	20	←	9	←		←
TOTAL CLAIMS	22		12			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						